EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING KMC AMONG PRIMIPARA MOTHERS IN A SELECTED HOSPITAL OF BANGALORE.

Ms. Usha Bhandari* | Dr. Santosh Kumari Sharma**

**Research Scholar in Himalayan University, Itanagar in Arunachal Pradesh, India.*

***Research Supervisor in Himalayan University, Itanagar in Arunachal Pradesh, India.*

DOI: http://doi.org/10.47211/tg.2021.v08i04.011

ABSTRACT

KMC gives viable warm control and diminishes chance of hypothermia (13, 14, and 15). It is the just viable and reasonable strategy to forestall neonatal hypothermia in medical care units with restricted assets. Numerous concentrates on show that these children would be wise to weight gain also, prior emergency clinic release. Besides randomized controlled preliminaries did in low-income countries showed that this strategy increased the pervasiveness and span of breastfeeding. Once preterm infants are stable, ensuing ailments (lower respiratory plot infections, apnoea, yearning pneumonia, septicaemia) and re affirmations are less with trainingof KMC. AIM: Effectiveness of STP on knowledge regarding KMC among primipara mothers.

Settings and Design: Quantitative research approach was used. One group pre test post test group design was used. The setting was a hospital from Bangalore. Sample size of the present study was 100 primipara mothers admitted in a selected hospital.

Results: The result shows that in Pre test mean score was 14.3 and in Post test mean score was 25.89, The calculated Mean difference was 41.07%. Paired t value was 1.93 which was significant at 0.05 level of significance.

Keywords: *hypothermia, apnoea, yearning pneumonia, septicaemia, ensuing ailments.*

ABOUT AUTHORS:

Author, Ms. Usha Bhandari is Ph.D. Scholar at Himalayan University, Itanagar, Arunachal Pradesh, India.

Author, Dr. Santosh Kumari Sharma is Ph.D. Guide at Himalayan University, Itanagar, Arunachal Pradesh, India. She is active researcher with many publications in his name.

INTRODUCTION

KMC is a way to deal with the consideration of preterm and additionally LBW infants, which draws in and engages moms and families as the principal suppliers of the organic (warmth and food) and psychoemotional (contact, mindful, holding and solace) necessities of their infant. Moms favor skin-to-skin contact since it considers their infants to be near them and they feel calmer, satisfied, and fulfilled by the experience than with regular strategies for care. During upsetting circumstances, for example, delayed hospitalization of their infants, moms rehearsing KMC feel more skillful than do moms who practice ordinary strategies for care. Martine and Celine(2006) . The advantage of KMC incorporates engaging the mother to really focus on her LBW newborn child, diminishing baby mortality, empowering breastfeeding and decreasing the recurrence of low-birth-weight infants visiting centers after release from clinic . In preterm and LBW infants, skin-to-skin contact between the mother and her baby diminishes maternal post pregnancy burdensome side effects and works on self-viability and mother-youngster holding . Preterm and LBW infants who were given KMC invested less energy in the emergency clinic than the people who were given standard consideration .

TOPIC

Effectiveness of STP on knowledge regarding KMC among primipara mothers in a selected hospital of Bangalore.

OBJECTIVES

To assess the Pre-Test and Post Test knowledge regarding Kangaroo mother care amongprimipara mothers in a selected hospital of Bangalore.

To compare knowledge regarding Kangaroo mother care among primipara mothers in aselected hospital of Bangalore.

To find association between post test knowledge score with selected socio demographicvariables

REVIEW OF LITERATURE

India is in its infancy according to the demonstration of Kangaroo Mother care. Relatively few Neonatal Intensive care units, basically teaching institutions, have completed this technique. A Study on KMC was Conducted in Neonatology Unit, Civil Hospital, Ahmedabad. This unit has been the pioneer in KMC from India. Result from their survey has shown an essentially better weight gain with basically no connected increase in mortality and morbidity including sepsis and hypothermia. This methodology was seen as socially satisfactory by the mothers and the wellbeing work force in the unit Caroline.A (2019).

Four conveyed randomized controlled preliminaries (RCT) comparing KMC with conventional care were coordinated in low-income countries. 24-26 The results showed no distinction in perseverance between the two gatherings. Basically all passings in the three examinations occurred before capability, for instance before LBW infants were offset and chosen for research. Infants weighting under 2000g were enrolled after a typical season of 3-1 days on customary care, in metropolitan third level clinics Cleary GM, Spinner SS, Gibson E, Greenspan JS (2016).

Observational examinations demonstrated the way that KMC could assist with reducing mortality and morbidity in preterm/LBW/infants. Rey and Martinez, 9 in their initial record, detailed an increase in emergency clinic endurance from 30% to 70% in infants somewhere in the range of 1000g and 1500g. Be that as it may, the interpretation of their outcomes is troublesome on the grounds that numerators, denominators and follow-up in the KMC bunch were not the same as those in the verifiable control group.28 Bergman and Jurisoo, in one more review with a verifiable benchmark group led in a far off mission medical clinic without incubator care in Zimbabwe, 14 revealed an increase in clinic endurance from 10% to half in infants weighing under 1500g, and from 70% to 90% in those weighing between 1500 to 1999g. Comparative outcomes are accounted for from an optional clinic in neighboring Mozambique.15 The distinction in endurance, nonetheless, might be because of a few uncontrolled factors. The examinations in Zimbabwe and Mozambique, led in clinics with exceptionally restricted assets, applied KMC from the beginning, a long time before LBW and preterm infants were balanced out. In the early concentrate by Rey and Martinez, KMC was applied later, after adjustment. In the two cases the skin-to-skin contact was maintained practically 24 hours per day Nathalie Charpak, Juan G. Ruiz- Peláez et al (2014).

Concerning morbidity, while there is major areas of strength for no of a useful impact of KMC, no proof of it is being destructive. Notwithstanding the little proof as of now published,14,15 a few preliminary outcomes on few babies with gentle respiratory pain appear to affirm that early skin-to-skin contact could have a valuable effect.30 a work of warning about release: KMC infants released during the virus season might be more powerless to extreme sickness, particularly lower respiratory parcel infections, than those released during the warm season.31 A nearer follow-up is required in such cases Daga S.G.(2013).

Apparently KMC and skin-to-skin contact are gainful for breastfeeding in settings where it is less ordinarily utilized for preterm/LBW infants, particularly assuming that these are cared for in incubators and the

prevailing feeding strategy is the jug. Different investigations have shown a beneficial outcome of skin-to-skin contact on bosom feeding. It could in this way be normal that the prior KMC is started and the previous skin-to-skin contact is initiated, the more noteworthy the impact on breastfeeding will be Gardener, S., and Goldson (2013).

Mothers report being altogether less focused on during kangaroo care than when the child is receiving customary care. This shows that mothers favor skin-to-skin contact to ordinary care26 and report and an increased certainty, confidence, and feeling of satisfaction, additionally in major league salary countries. They portray a feeling of strengthening, certainty and a feeling that they can accomplish something good for their (Bohnhorst (2010).

METHODOLOGY

Quantitative research approach was used. One group pre test post test group design was used. Thesetting was a hospital from Bangalore. Sample size of the present study was 100 primipara mothers admitted in a selected hospital.

RESULTS

Table 1: Association of knowledge with Selected Socio Demographic Variables.

Variables	Category	Knowledge		p-value
		Inadequate	Adequate	
		No. (%)	No.(%)	
Age	<25	17(28.33)	27(45)	2.073
	>25	3(5)	13(21.67)	
Occupation	Employed	4(6.67)	17(28.33)	2.9
	Unemployed	16(26.67)	23(38.33)	
Religion	Hindu	12(20)	22(36.67)	2.01
	Christian	3(5)	12(20)	
	Muslim	5(8.33)	6(10)	
Monthly income	Rs.>8,000/-	3(5)	18(30)	5.26
	Rs.<8,000/-	17(28.33)	22(36.67)	
Type of family	Nuclear	12(20)	19(31.67)	0.838
	Joint	8(13.33)	21(35)	
Place of living	Urban	9(15)	25(41.67)	1.62
	Rural	11(18.33)	15(25)	

Table 2: Distribution of data related to pre test and post test knowledge score of primipara mothers regarding kangaroo mother care.

Knowledge Score	Pre test Number	Percentage	Post test Number	Percentage
1 – 14 (poor)	**90**	**90**	**36**	**36**
15 – 22 (average)	**10**	**10**	**32**	**32**
23 – 30 (good)	**0**	**0**	**32**	**32**
Total	**100**	**100**	**100**	**100**

Table 2 shows that in pretest 90(90%) of primipara mothers have poor knowledge , 10(10%) nursing mothers have average knowledge and a single nursing mother not having good knowledge and in post test 36(36%) primipara mothers have poor knowledge ,32(32%) nursing mothers having average and poor knowledge.

Table 3: Analysis of difference in the pre and post test knowledge level of PrimiparaMothers regarding Kangaroo Mother Care.

Knowledge Score	Mean score	Mean percentage	Mean difference	Standard deviation	Paired t value	inference
Pretest	14.3	51.07%	41.07%	3.23	1.93	p>0.05 significant
Post-test	25.89	92.14%		1.61		

Mean score, mean score percentage, and Standard deviation of knowledge level

Table 4: Analysis of effectiveness of structured teaching programme in improvingknowledge regarding Kangaroo Mother Care among Primipara Mothers.

Mean score	Mean percentage	Mean difference	Standard deviation	Paired t value	inference
25.8	92.14%	45%	1.61	1.93	p>0.05 significant

Table 4 shows that the effectiveness of Structured teaching programme regarding kangaroo mother care among primipara mothers was significant (p>0.05%) in knowledge.

DISCUSSION

To assess the Pre-Test and Post Test knowledge regarding Kangaroo mother care among primipara mothers in a selected hospital of Bangalore

In pretest 40(80%) of nursing mothers have poor knowledge , 10(20%) nursing mothers have average knowledge and a single nursing mother not having good knowledge and in post test 18(36%) nursing mothers have poor knowledge, 16(32%) nursing mothers have average knowledge and 16(32%) nursing mothers have good knowledge. According to a study carried out by Solomon and Rosant (2012) on 30 Kangaroo mothers in the Eastern Sub-district of Cape Town, majority of the mothers (83.3%) did not have prior knowledge of KMC, though practiced it, and were satisfied with regard to weight gain of their infants. That proves that a structured teaching program is effective in raising awareness regarding practice of KMC which is quite relevant with this study too.

REFERENCES

1. Mc Cain.GC, Lunington-Hoe.SM, Heart rate variability responses of a preterm infant to kangaroo care, Journal of obstetrics and gynecological neonatal nursing, Nov-2007, Vol-34 (6); 689-694.
2. Ferber and Makhoul, Randomized control trial to evaluate the effect of Kangaroo Care, International Journal of Gynecology and Obstetrics, Apr.2007,Vol 13(4);300-318.
3. Suman and Udanio, To compare the effect of kangaroo mother care and conventional methods of care on growth in low-birth-weight babies, American
4. Journal of maternal and child health Nursing, sep-2008, Vol41:203-206.
5. Mok and Leung, to explore the supportive behavior of nurses as experimental by mother of premature infants, Pediatric Nursing, Aug-2007, Vol 21: 308-316.
6. Ndiae, Efficacy of Kangaroo method on thermoregulation and weight gain, Canadian nurse, Decemer-2006, Vol 6; 891-895.
7. Caroline (2019). “Introductory maternity nursing” (1 st ed). Philadelplhia: Lip[pincott Wiliam and wilikims. Page No: 241-342.
8. Cleary GM, Spinner SS, Gibson E, Greenspan JS (2016). A study to assess the effectiveness of structured teaching programme regarding knowledge, Attitude and practice on breast self-examination in a selected group of women in garment textile industries at Chennai. “Indian Journal of Holistic Nursing” 2006 Dec 1; 2(3) Page No: 26-27.
9. Nathalie Charpak, Juan G. Ruiz-Peláez et al (2014). A randomized controlled trial of early kangaroo care for preterm infants: effects on temperature, weight, behavior, and acuity. “Journal of Nursing Research”, Page No: 10(2),129-42.
10. Gardener, S., and Goldson (2013) the mother as incubator after delivery. Journal of obstetrics, Gynaecolgic and neonatology nursing P.No. 174-176.
11. Bohnhorst, B., Heyne, T., Peter, C. S., Poets, C. F. (2010). Skin-to-skin (kangaroo) care, respiratory control, and thermoregulation. “Journal of Pediatrics”, Page No: 138(2), 193-7.